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ABSTRACT

A study analyzed the potential rhetorical impact of AIDS-related television programming directed at preadolescents. The four programs selected for the study were all submitted in the children's television category of the Peabody Awards competition for the 1987-1988 season. They are (1) an episode of the PBS children's documentary series "3-2-1 Contact" entitled "I Have AIDS: A Teenager's Story"; (2) "An Enemy among Us," a CBS production; (3) "Just a Regular Kid: An AIDS Story," produced as an after-school special; and (4) "Ready To Go!" a Boston talk show for children. The analysis found similarities within the programs. All of the AIDS victims profiled were white, male teenagers, shown as healthy, highly active high school students. No character was represented as visibly sick, dying, or dead, and the seriousness of the disease was deemphasized. None of the AIDS victims in the programs was gay or an intravenous drug user. AIDS experts were portrayed similarly in the programs, generally only as doctors. Transmission of the disease was discussed simply and gently. Each program promoted prosocial attitudes toward people with AIDS. The research leads to the conclusion that the patterns established in television programs have important implications for children's understanding of AIDS. Seventeen references are attached. (SG)

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AIDS INFORMATION IN CHILDREN'S TELEVISION PROGRAMS

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AIDS INFORMATION IN CHILDREN'S TELEVISION PROGRAMS

The media have packaged the AIDS epidemic in many ways and for many audiences. The manner in which AIDS is presented--the choice of content, the genre, the medical information--all contribute to a particular understanding of the epidemic in the minds of media consumers. Certain patterns develop that influence the way in which readers, listeners and viewers conceptualize Acquired Immune Deficiency Syndrome.

Nowhere is the influence of media presentations about AIDS felt more strongly than in television, and AIDS programming on television has been the subject of much research (Palmer; Lowry and Towles; Kinsella; Netzhammer and Shamp; Stroman and Seltzer; Treichler; Randall). One area of television programming that has not been subjected to critical scrutiny is children's programs. This is probably due, at least in part, to the dearth of AIDS programming produced specifically for children. However, even in the few programs that have been produced on the subject for pre-adolescents, certain patterns emerge that clearly have sociological implications. These patterns foster a particular conceptualization of AIDS. Arguably, the understanding of AIDS developed in childhood will have a profound affect on behavior and attitudes as children enter adolescence.

Whether or not children are influenced by television is an

issue that has long been settled (see, e.g., Signiorelli; Bryant, Zillman and Brown). The debate in the academic community now focuses on the extent to which children are influenced by television. Several scholars suggest that the effects of television can be moderated by socialization, although television remains the primary socializing agent in many areas (Signorelli; Christenson and Roberts; Noble; Howe). With AIDS programming, television is delving into an area where socialization from other sources has been schizophrenic, at best. Religious groups have responded to the epidemic in various ways; government officials have argued over AIDS policies for a decade. The public has gotten mixed, frequently conflicting messages about AIDS. Because the influence of other socializing agents has been so disparate, television in a unique position to influence a particular response to the AIDS epidemic.

This study focuses on the potential rhetorical impact of AIDS-related television programming directed at pre-adolescents. Specifically, it examines the rhetorical strategies used by four children's programs aired during the 1987-1988 television season: An Enemy Among Us, Just a Regular Kid: An AIDS Story, Ready to Go! and 3-2-1 Contact. All four programs are directed primarily toward pre-teenagers. While the programs represent various genres, public and commercial television, and local and network programming, certain patterns emerge. These patterns provide insight on how television is teaching children to conceptualize AIDS.

Method

A study of this nature is open to a number of methodological approaches. Black, however, cautioned against an approach in which "the critic is disposed to find exactly what he or she expected to find" (333) and argued for an approach that seeks "to coax from the critical object its own essential form of disclosure" (332). Black suggested a non-theoretic or "emic" viewpoint, "which approaches a rhetorical transaction in what is hoped to be its own terms, without conscious expectations drawn from any sources other than the rhetorical transaction itself" (331-332). This approach does not rely on a pre-existing methodological approach, but rather lets the rhetorical artifact guide the analysis.

Although reliance on a pre-existing theoretical formulation can lead, in Black's view, to "prejudice," some approach for organizing and interpreting the rhetorical object that comes from the artifact is needed. In this study, patterns occurring throughout the children's television programs were identified and analyzed in terms of their potential rhetorical effect. These patterns, or what Burke called associational clusters allow the critic to interpret meaning in the rhetorical object (20).

Foss noted that in examination of associational clusters "the meanings the key symbols have for the rhetor are discovered by charting the symbols that cluster around those key symbols in the rhetorical artifact" (367). The basic intent of cluster analysis is to identify and interpret patterns in a rhetorical

artifact as a way of understanding meaning. In this study, four television programs directed at a pre-adolescent audience constitute the rhetorical artifact.

The programs selected for this study were the four AIDS programs submitted in the children's television category of the Peabody Awards® competition for the 1987-1988 season. The programs represent a variety of AIDS programming for children--a documentary, a talk show and two dramas. They also represent perhaps the only AIDS-specific children's television programming aired during the 1987-1988 season, as indicated by a search of the popular press databases for television programming on AIDS.

The programs were viewed with the intention of identifying patterns that run through all of the programs and within each of them. Once identified, these patterns were categorized into groups into which the data clustered then analyzed in terms of their potential rhetorical impact. The implications of the common rhetorical strategies employed by the four programs are discussed in the concluding section of this paper.

Several programs that would appeal to pre-teenagers, but were not directed specifically at them were not used for this study. For example, an episode of Mr. Belevedere dealt with AIDS, but the program is considered a family program, not a children's show. AIDS: What Do We Tell Our Children? was a documentary on AIDS education for children, but its approach was primarily oriented to adults.

A brief description of the four programs demonstrates their

overall similarities, in spite of the fact that they represent different genres. 3-2-1 Contact is a public broadcasting science documentary series. The particular episode used in this study was called I Have AIDS: A Teenager's Story. The episode chronicles the life of 16-year-old Ryan White, who was to become a national spokesperson on AIDS. The story details White's battles with hemophilia and HIV. The early portion of the documentary is historical. It centers on the Kokomo, Indiana School Board's attempt to keep Ryan out of school and his acceptance in Cicero, Indiana. The second half has Ryan White answering questions from students in a fifth grade class in New York City.

An Enemy Among Us and Just a Regular Kid: An AIDS Story are dramatized versions of the same story. Both were produced as afterschool specials, although CBS decided to show An Enemy Among Us in early prime time. In An Enemy Among Us, Scott Fischer is a high school student who contracted HIV from a blood transfusion after a bicycle accident. The main plot of the 60-minute drama involves the issue of whether to allow Scott in school. Subplots involve Scott's relationship with his girlfriend and neighbors, his parents' reactions and his own feelings about having the disease. Just a Regular Kid centers on Kevin Casio who contracted HIV from a blood transfusion after he broke his leg. Once again, the school controversy takes center stage. The other plot elements focus on how his best friend and Kevin's mother handle his illness.

The fourth program is a Boston talk show for children modeled after the Today Show. Ready to Go! has two cohosts, news and weather at the top and bottom of the hour, and interview segments. It also includes a phone-in segment, videotaped comments from kids, a viewer poll, a game show segment and a video crossword puzzle. The event that ties all of the interview segments together is the visit of the Names Project Quilt to Boston. The cohosts, Liz Callaway and Scot Reese, interview the head of media relations for the Names Project/New England and a nurse practitioner from Children's Hospital. Although this program is different in genre and format from the other three programs, many of the same patterns emerge. For example, the poll question in the program is "Should kids with AIDS be allowed to go to school."

The school controversy is the clearest pattern that emerges in the programs. The Ready to Go! poll question is repeated before and after each commercial break, so the controversy remains fresh on the minds of viewers even when program content switches focus. Ryan White's battle with the Kokomo School Board, his high school, and parents and students is the only portion of 3-2-1 Contact to get a significant amount of uninterrupted time. At other points in the program, especially during the question and answer period, the focus changes quickly and frequently. The question and answer portion of the show more than once returns to the school controversy. In An Enemy Among Us and Just a Regular Kid the main event that drives the plot is

not that Scott and Kevin are infected, but whether they should be allowed to go to school now that everyone knows they are infected.

Patterns in Children's Television Programs on AIDS

A number of patterns emerge in the way the AIDS epidemic is portrayed in the four television programs. These patterns cluster around four primary categories: the manner in which people with AIDS (PWAs) are portrayed, the manner in which AIDS experts are portrayed, the inclusion of specific scientific information, and the promotion of prosocial attitudes about PWAs. The patterns that occur within each of these categories work together as a group to promote an overall understanding of AIDS in the mind of the viewer.

People With AIDS

The first and most obvious pattern in characterization to emerge is the dearth of people with AIDS in these programs. Among the four shows, only four characters are identified as HIV infected: Ryan White (3-2-1 Contact), Scott Fischer (An Enemy Among Us), Kevin Casio and Tommy Schroeder (Just a Regular Kid). Tommy's screen time clocks in at under 30 seconds. Ready to Go! shows only the quilt panels of two children who have died of AIDS, not anyone living with it.

In 1987 and 1988 the AIDS epidemic was not as widespread as it is in 1991, but epidemiologists no longer considered AIDS an

isolated disease affecting only gay men as they had in 1982. These programs tend to make AIDS something rare and isolated by not showing any other characters with AIDS. The characters themselves are isolated in that they never interact with anyone else who is HIV infected.

The demographic makeup of the three central characters infected with the AIDS virus, exactly the same in each program, also promotes a certain understanding of AIDS. Each show focuses on a white, male teenager (16 years old, or close to it) who has been infected with HIV through a blood transfusion "before blood was routinely tested." In 3-2-1 Contact, Ryan White is the focus of the program. The program is basically a documentary chronicle of Ryan's life as a PWA. An Enemy Among Us and Just a Regular Kid are Ryan White imitators. The central characters are not hemophiliacs as White is, but they are his age, race, gender and sexual orientation; they do get the virus through a blood transfusion; and the plot focuses on their attempts to return to school. Both shows are fictionalized adaptations of the Ryan White story, giving them a ring of familiarity right at the start.

The three teens are similar in several other key ways. All three are shown as healthy, highly active high school students. They are active in outdoor activities--Ryan: skateboarding, Scott: basketball and baseball, Kevin: fishing. Almost without exception, they are portrayed as healthy. Ryan is visibly thinner in filmed testimony before Congress, but in all footage

taped for the program and the rest of the historical footage, he is physically healthy and as vigorous as any 16 year old. Kevin is briefly seen coughing in bed. In the following scene, he is a hospital bed, having been diagnosed with pneumonia. However, he looks completely healthy--certainly not the appearance of someone diagnosed with a case of pneumonia less than 24 hours earlier. The hospital bed is more a device to move the plot forward than it is containment for a sick individual. Paul finds out that Kevin has AIDS when visiting him in the hospital. During this scene, Kevin exhibits only the slightest visual clues that he might be sick. Scott never exhibits any symptoms, and his doctor confirms that his immune system is still functioning normally.

A corollary to the fact that no character is visibly sick with AIDS is that no character is seen dying or dead. Only in Ready to Go! is any visual evidence presented that AIDS is fatal. In that program, however, only the quilt panels of John Gaffeny ("a little Irish-Japanese boy who was 2 when he died") and baby Jessica ("she had contacted [sic] AIDS through a blood transfusion") are shown, so the viewer has no face or story through which the disease might become personalized or real. Rather than bring up the horror of death, the quilt panels are very beautiful symbols of life.

None of those with AIDS in all four programs is gay or an intravenous drug user. Not a single character in any program is explicitly gay, and each program takes great pains to make it clear that the people with AIDS they're talking about are not

gay. When a fifth grader asks Ryan White whether he has a best friend, for example, he says, "Yes, it's a girl." While a simple "yes" would have sufficed, Ryan pauses and then adds the his best friend is a girl, his tone suggesting something more. The same is true of IV drug use. Each of the characters infected with HIV explicitly states that he does not do drugs.

The programs give the disease a very homogenous, milquetoast appearance. AIDS is a disease that can devastate the spirit and does devastate the body. AIDS, in children's television land however, is never something unattractive. The one controversial aspect of the programs--children with AIDS in school--is resolved peacefully in the end with the PWA being welcomed back to school with arms opened wide. The central characters have little or no difficulty adjusting to life with the disease. The important message that life goes on, even in the face of AIDS, is made very clear by having the characters survive at the end. But the manner in which the stories unfold falsely communicates that these young men will not really have major, perhaps fatal, health or emotional problems.

AIDS Experts

Just as there are patterns in the way PWAs are portrayed, the AIDS experts in each show are portrayed similarly. An Enemy Among Us and Just a Regular Kid have characters who are doctors. Ready to Go! uses a nurse practitioner for expert advice, although he is generally referred to by callers as "the doctor."

3-2-1 Contact presents its expert testimony through an on-camera narrator who explains the medical information. The doctors and the narrator are the most important sources of credible information. They are clearly established as the primary, almost exclusive, authorities in the programs. In Just a Regular Kid, Dr. Stein educates Kevin's family about AIDS in an early scene. Later in the program she educates Kevin's friend Paul, who has been leading the fight to keep Kevin out of school. Dr. Robinson in An Enemy Among Us educates the Fischers, she lectures the school board, then she lectures to Scott's classmates.

Maurice Melchiano is a nurse practitioner at Boston's Children's Hospital. He appears on Ready to Go! to answer the hosts' questions about AIDS and to take calls from viewers. In the phone-in segment of the show, 13 of 15 questions are addressed to Melchiano, even though Ken Hurd, media liaison of the Names Project, is a participant. In fact, the host finally steps in to ask Hurd a question. The impact of this exchange is to make Melchiano appear as the single authority in the program.

3-2-1 Contact employs a somewhat different strategy. Ryan White is used as an expert in the question and answer portion of the program. The strategy at this point is to let Ryan clear up the misconceptions of the fifth grade class. The real expert in the program is David Quinn, the on-camera narrator, who is identified in the credits as reporter. Quinn presents medical information on AIDS and HIV using models, graphics and special effects. The manner in which he presents educational information

suggests that he is a medical expert, but this is never explicitly stated. Additionally, Quinn is dressed very casually, in contrast to the lab coats of the doctors in An Enemy Among Us and Just a Regular Kid.

Beyond being medical authorities and AIDS experts, all four are the voice of calm. Each expert offers suggestions on how to quell controversy. In each case this controversy centers around the school. Implicit in the design of each program is the belief that education will calm hysteria. This belief is explicitly stated in each program, but more importantly it is modelled in each program. The doctors use AIDS education as the tool through which public fears will be assuaged. The experts take their education efforts to families, friends, school boards, principals, parents and classmates. In the end, education does result in the PWA being accepted back into society, although only within the isolated environment established within the program. In An Enemy Among Us and Just a Regular Kid this resolution is the climax of the show; in 3-2-1 Contact it occurs about halfway through, leaving plenty of time for Ryan to answer questions. In Ready to Go! the resolution is metaphoric, since the program really has no plot. It comes when the final tally of the poll question, "Should kids with AIDS be allowed to go to school," is "yes," 114-26.

The HIV-infected characters do present some AIDS information as well. They become defacto experts. However, most of their responses fall into the "it's not spread like that" category. In

other words, the characters participate in reactive education rather than proactive education engaged in by the experts. They respond to accusations from other characters, rather than providing educational information.

The programs foster the image of doctors as caring, calming individuals. They also establish medical professionals as the only true experts in the AIDS epidemic. None of the skepticism directed toward the medical profession that has surfaced during the AIDS epidemic is evident in the programs. In fact, Dr. Robinson in An Enemy Among Us engages in several questionable behaviors for which she is never held accountable. She is responsible for Scott's condition being released to the press. Her discussion with the principal, overheard and released by his secretary, is redefined as a blessing, because now the community will get a "crash course" in AIDS. Dr. Robinson tells the Fischer family that Scott should be kept out of school until things blow over. She tells the Fischers, "When people hear [the truth], they will feel safe again." They do, but Centers for Disease Control guidelines say Scott never should have been kept out of school in the first place. This is an extreme instance of questionable behaviors by a medical professional, but it turns out to be "correct" behavior. In every case, the doctors appear to have all the answers.

The result of these portrayals is to foster a paternalistic view of the medical profession that conflicts with much of the evidence. The performance of the medical establishment during the

AIDS epidemic has not been as ethical or as virtuous as these programs suggest (see, e.g., Shilts). However, these portrayals may be useful in promoting prosocial behavior and proactive health care among the intended audience. The environment created in these programs is one in which doctors are immediately accessible, involved, friendly and warm. The doctor's office is portrayed as a hospitable place where everyone is welcome.

Scientific Information

AIDS is a complex illness. It is also controversial. The groups traditionally identified as high risk, the manner in which the virus is transmitted and methods of prevention all involve language and practices society has traditionally not packaged for children at all. This makes an analysis of the information presented and the manner in which it is presented very important. All four programs use the same basic strategies for presenting the information. They also present basically the same information, although An Enemy Among Us does present some controversial information the others do not.

The manner in which the Human Immunodeficiency Virus attacks the immune system is complicated. The virus attacks the body in ways unlike any other virus. All four programs reduce this information to one sentence. 3-2-1 Contact begins by noting that AIDS is "a disease that fights the body's immune system so you can't fight off infection." This information is repeated almost immediately.

In Just a Regular Kid, Kevin's dad explains, "If you have the disease, it affects the immune system. You can't fight certain infections--a kind of pneumonia." An Enemy Among Us puts it this way: "The seed of the disease is a virus that breaks down the immune system." Ready to Go! puts it even more simply: "a disease that's caused by a virus that has some pretty devastating effects on the human body." No attempt is made to explain in detail how the virus attacks the immune system, although all four programs purport to explain what AIDS is. 3-2-1 Contact, which is after all a science documentary program, does go to greater lengths than the other programs to illustrate how the immune system functions.

All four programs incorporate scenes and situations in which a medical professional or PWA lectures people within the program about AIDS. By including these scenes, the programs seemingly communicate that they are going to provide educational material about the disease. This is particularly true of information on transmission of HIV, which is communicated in a classroom setting in three of the four programs.

Transmission of the virus is handled in ways similar the information discussed above--that is, simply and gently. Initial identification of the ways in which the virus is transmitted is the same in all four programs. In Ready to Go!, Melchiano says:

> There's really only three ways to get AIDS--it's a very hard virus to get. It's a sexually transmitted disease; it's a disease that can be gotten through intravenous drug use; and it's a disease that before 1985 could be gotten through blood transfusions. And one more way, a mother can give it to her unborn child.

The exchange in An Enemy Among Us is very similar:

> The AIDS virus doesn't spread easily. It has to get into the bloodstream to be transmitted. Sexual intercourse passes the virus. Dirty needles shared by drug abusers passes it. And unfortunately, in rare instances like Scott, it's been passed through transfusions of contaminated blood.

Ryan White repeats that AIDS is transmissible only through "direct blood contact or sexual contact" three times within a couple of minutes in 3-2-1 Contact. Finally, in Just a Regular Kid, Dr. Stein tells Kevin's friend, Paul Hindler, "This is a hard virus to catch. It has to get directly into the blood stream. It doesn't float around in the air." She then discusses sex, intravenous drug use and transfusions.

The discussion of transmission through sexual intercourse is handled very delicately. Sometimes, it becomes impossible to identify any specific high risk behaviors because the programs are using such general terms. 3-2-1 Contact uses the phrases "sexual contact" and "sex without protection" several times, never explaining what sexual contact is or what constitutes protection. The entire discussion of sexual transmission in Ready to Go! is fully quoted above.

Just a Regular Kid and An Enemy Among Us are more direct. Although they don't get much more specific, both include scenes in which the doctor discusses sex more specifically and introduces the notion of condoms. In Just a Regular Kid this information is presented in an exchange between Dr. Stein and Paul near the end of the program:

PAUL: Kissing is okay?
STEIN: Friendly kissing is okay; deep kissing, I'd avoid it.
PAUL: Why?
STEIN: (talks about possibility of cut in mouth) We can't say for sure that there's no risk in deep kissing.
PAUL: What about blood transfusions, shared needles?
STEIN: Blood transfusions are safer now; giving blood is completely safe. But sharing needles, as in drug abuse? You're risking your life.
PAUL: That leaves sex...how?
STEIN: Intercourse with an infected person: girl to boy, boy to girl, boy to boy, and, maybe, girl to girl. . . [Kids] don't use condoms, that's dangerous.

Dr Robinson's lecture to Scott Fischer's classmates at the end of An Enemy Among Us is more specific. She tells the class that HIV can be spread during "sexual intimacy--any time body fluids are shared--this includes intercourse, vaginal or anal. It can include oral contact with the genitals." She specifically mentions blood, semen, vaginal fluids. "This means that during sex a male can infect a female, a female can infect a male, and same sex partners can infect each other." She notes that french kissing may pose some risk, so "you have to be careful who you kiss." In response to a student's question, "Isn't there any protection?" she says, "Use of condoms or rubbers can greatly reduce the risk of spreading AIDS and catching it." Only An Enemy Among Us uses the vernacular with which kids are familiar.

Interestingly, the increased detail in these programs is accompanied by increased preachiness and moral positioning. Dr. Robinson concludes her lecture:

> Now you people are entering adulthood--the very beginning of your sexual years. Now the hard truth is, the more frequent you have sexual activity, the more

> numerous and casual your sexual partners, the more likely you are to be exposed to the AIDS virus. . . The best protection of all, hold off on sex until you're older, married or committed to someone who can share the responsibility of this act of love.

The moral component in the second paragraph is obvious, but the first paragraph is also value-laden. The frequency of "sexual activity" has nothing to do with transmission of HIV if those behaviors are not risky. The range of sexual expression includes many activities in which there is no risk of viral transmission.

When Paul asks Dr. Stein, "What would you do?" She gives a similar reply: "For now, go without. Sex isn't the only way to show your love for someone." By having this information come from doctors, the programs blur the distinction between behavioral change based on scientific information and behavioral change based on moral grounds. Sexual contact becomes a moral issue, not just a medical one. Just a Regular Kid and An Enemy Among Us introduce a moral argument instead of relying on scientific and prevention information to motivate viewers to change sexual behaviors.

The extent of each program's handling of homosexuality is to mention that AIDS is not a gay disease--a seemingly obligatory aspect of any AIDS programming (see, Netzhammer and Shamp). In An Enemy Among Us Dr. Robinson does add that in this country the virus "did get its foothold in that community," although elsewhere it is predominantly a heterosexual disease. Ken Hurd uses the term "civil rights activist" to refer to Cleve Jones, who is a noted gay activist and AIDS activist, in Ready to Go!.

He also identifies the 1987 march on Washington for gay and lesbian rights a civil rights march.

The focus of the programs is on sexual behaviors, although vaguely defined, that can result in transmission. By focusing on high-risk behaviors, rather than high-risk groups, the programs do not contribute to the stigmatization of gays that has occurred in the AIDS epidemic. Gay men generally are not made scapegoats for the disease. The programs explicitly state several times that everyone is at risk and must change behaviors (regardless of sexual orientation is implied). Personal perception of risk is potentially an important factor in motivating behavioral change. By focusing on risk behaviors rather than risk groups, the programs discourage the tendency to see AIDS as a disease of "the other."

Intravenous drug use is also mentioned in the four programs. IV drug users do not fare as well as gays. Certainly, it is difficult to discuss drug use separate from drug users. Still, the programs refer to heroin addicts (Just a Regular Kid) and drug abusers (all four). The terms "addict" and "abuser" tend to suggest culpability in ways "intravenous drug use" or "sharing needles" do not.

One final pattern among the programs concerns the manner in which the myths of transmission are discussed. AIDS is transmitted in very specific ways. In addition to identifying the methods of transmission (ambiguously in most instances), all four programs spend time discussing the ways in which AIDS is not

spread. Specifically, all four programs note that AIDS is not spread through "casual contact." Dr. Stein says: "Casual social contact? Bathrooms, water fountains, food preparations, handshakes, hugging--not one case. This is a hard virus to catch." After noting that AIDS is caused by a virus, like the flu virus or chicken pox--albeit a virus that is more difficult to catch--Maurice Melchiano proceeds to rattle off basically the same list. Dr. Robinson uses the same language and list when lecturing Scott's class about AIDS. Finally, 3-2-1 Contact relies on both Ryan White, his classmates and the narrator to discuss the myths of transmission. In 3-2-1 Contact the standard list is accompanied by a green graphic with the words "can't get" for reinforcement. The programs flesh out the term "casual contact"--through numerous examples--in a way that "sexual contact" never gets explained.

Beyond the specific scientific information presented, all four programs use strategies to educate children about AIDS, which appears to be the bottom line. One pedagogical strategy employed by the four programs is repetition of content. Repetition is a way to teach, emphasize and reinforce certain information. Rank argues that repetition intensifies a message, potentially resulting in persuasion (Larson 16). The use of repetition in these programs persuades children to think about AIDS in particular ways. Children learn about AIDS and people with AIDS through repetition. Therefore, identifying the information that is repeated in these programs can help us to

understand what content the programs are emphasizing--what content the viewer potentially will see as important.

The programs provide settings in which the information can be repeated while maintaining interest. An Enemy Among Us and Just a Regular Kid set up dramatic situations: the doctor tells the family, the doctor tells the school board, the doctor tells the students.

3-2-1 Contact is segmented so that the narrator gives the information, then Ryan White repeats it. As any teacher knows, questions posed by students are frequently repeated by students who were not listening or did not understand. This happens in the segment where Ryan White answers questions from fifth graders. Traditional film techniques would ordinarily dictate that only the best take be used, but the producers make a conscious decision to allow the repetition. A half dozen questions allow Ryan to explain how the virus is transmitted. Three times he explains what AIDS is. Ready to Go! uses the same strategy. In one segment, the cohosts ask questions of the AIDS expert. In the segment that follows, callers ask the same questions, giving Melchiano the opportunity to repeat information.

As one might expect, medical information--vague as it is--is repeated a number of times in each program. 3-2-1 Contact is more methodical than the other programs in pedagogy. For example, viral information is provided right at the start of the program: AIDS is "a disease that fights the body's immune system

so you can't fight off infection." This is repeated almost immediately and repeated again later during the question and answer period by Ryan White. Finally, the same information is repeated by the narrator, who uses models and graphics to demonstrate what he means. In Just a Regular Kid, Dr. Stein explains to Kevin's parents that the virus destroys the immune system. Kevin's dad explains it to Kevin, the doctor explains it to Paul, and Paul explains it to the student senate. The pattern in An Enemy Among Us is very similar.

Methods of transmission are repeated almost verbatim several times within each program and among the four programs. "Sexual contact," "sexual intimacy," "intravenous blood use," "dirty needles," "bloody needles," and "blood transfusions before 1985" are terms that emerge in each program, usually several times.

If one buys into the belief that education is the best prevention, then the repetition of medical information is understandable. However, the programs use repetition to emphasize more than just medical information. 3-2-1 Contact, Just a Regular Kid and An Enemy Among Us repeat at least three times how the central character contracted HIV. The initial segment of 3-2-1 Contact spends several minutes explaining hemophilia. Ryan then repeats that he got the virus from his Factor 8. An Enemy Among Us mentions three times in the first five minutes and two times thereafter that Scott had a bicycle accident that required a blood transfusion. Just a Regular Kid repeats almost as frequently that Kevin got the virus after

fracturing his leg three summers ago.

In almost as many instances, someone reports on the heels of this information that transmission occurred before blood was routinely tested. The programs establish the central characters as innocent victims, although they never use the term explicitly. By repeatedly pointing out that the PWAs in the programs are in no conceivable way culpable for their condition, the programs encourage the viewer to conclude that others are culpable. The pattern of repeated information creates an environment in which the characters whose stories are told are innocent victims in a very isolated world and others with the disease are portrayed as guilty victims in an unknown, unseen world.

The programs use another pedagogical strategy. In several cases, a character who believes or questions a route of transmission is set up as an object of humor or even ridicule. Kevin and Paul discuss Tommy Schroeder, a 6-year-old hemophiliac with AIDS in Just a Regular Kid. The following exchange concerns whether Tommy should be allowed back in school:

> KEVIN: C'mon Paul, you know how AIDS is spread.
> PAUL. Yes, sex.
> KEVIN: Right, Tommy Schroeder, the Don Juan of the second grade.
> PAUL: There are other ways: heroin addicts sharing dirty needles.
> KEVIN: When last seen, Tommy was ... passing around contaminated needles.

A school board member in An Enemy Among Us asks Dr. Robinson about the possibility of infection through biting. After noting that no evidence exists that transmission can occur through biting, she adds, "Besides, biting behavior is not a realistic

concern with a 16 year old." In 3-2-1 Contact Ryan White responds to a question on biting and spitting by noting that those are myths of transmission. He adds, "I don't know anybody who'd wanna eat food after you spit on it anyway." The implicit connection is that certain routes of transmission are so implausible, even questioning should subject one to ridicule. The potential rhetorical impact of this strategy is to alienate viewers who may have sincere questions about methods of transmission.

The programs use a standard vocabulary for talking about AIDS that tends to strip the disease of meaning. Words like "casual contact" or "sexual contact" replace specific content and create a vagueness that is potentially more confusing than helpful. Certain phrases, "AIDS is not a gay disease," for example, are repeated verbatim in all four programs, so that they become a mantra. They become catch phrases with little meaning. The implication is that certain information must be presented in any television program that deals with AIDS. This information becomes a shorthand for talking about AIDS, a shorthand that doesn't help unless one has the glossary. The constant repetition of these words and phrases provides children with the vernacular of AIDS, but it does little to communicate the information they need to understand AIDS or to take preventive measures.

Prosocial Attitudes

Beyond the medical and scientific information presented in each program, each of the shows attempts to foster prosocial attitudes toward people with AIDS, particularly the character in the program who is infected. Once again, this information emanates primarily from the doctor. The AIDS expert makes it explicit that understanding the disease will reduce fears and lead to compassion. As other characters in the program learn about the disease, they are portrayed as more compassionate. The AIDS experts promote prosocial behavior; other characters model it.

In Paul Hindler's discussion with Dr. Stein in Just a Regular Kid, Dr. Stein concludes:

> STEIN: You helping Kevin?
> PAUL: No.
> STEIN: You were afraid.
> PAUL: Yeah, there's a group of kids at school. There's a lot at stake.
> STEIN: There is a lot at stake. Your best friend has AIDS.

Education turns Paul into a advocate for AIDS education and for prosocial behavior. Paul eventually concludes:

> [AIDS] kills the spirit of a person, of a school, of a town. We are a community of friends. One of us is fighting a disease. If we cut him off, and we make him fight alone, We have lost more than a friend--we have lost ourselves. You see AIDS is more than a medical dilemma, it's a moral one.

Dr. Robinson is asked by a school board member in An Enemy Among Us whether she would send her child to a school with someone who has AIDS. She talks about wanting to raise her child in a "humane world." Her speech is punctuated with a truism:

"The AIDS victim is someone's child, too." After being treated by neighbors as an outcast and seeing her son treated the same way, Jan Fischer says, "I wanted to hate that man who gave you the blood, but I'm beginning to understand what it was like for him. Nobody should go through this."

3-2-1 Contact provides prosocial commentary from the students at Ryan White's new school: "The last thing an AIDS victim needs is somebody to run away from them." Ready to Go! couches it in a response to a question on kids ridiculing others at school. Maurice Melchiano notes first that kids do that kind of stuff, but he says of teasing PWAs: "You have to be real sensitive to what's going on in their lives." He ties teasing to fears people have of the disease.

The programs encourage prosocial behavior, and they model it. The worldview articulated in the programs ultimately portrays PWAs as accepted, cared for and treated with compassion. Perhaps it is in this area that the programs are most successful--promoting an environment in which those with AIDS are treated humanely.

Conclusions

The school controversy is the event around which all four programs focus. 3-2-1 Contact, Just a Regular Kid and An Enemy Among Us use the controversy over whether someone with AIDS should be allowed to attend school. Ready to Go! focuses on the Names Project Quilt, but uses the school controversy as a

secondary theme throughout the show. The programs focus on an aspect of the AIDS epidemic that potentially has a meaningful impact on the intended audience. The programs make AIDS relevant for kids. However, since all four programs use this as a focus, AIDS is placed into a very narrow context. The epidemic is given no meaning outside the specific issue highlighted in the programs.

Even more specifically, the programs explain AIDS in the context of the Ryan White story. Just a Regular Kid and An Enemy Among Us have uncanny parallels with 3-2-1 Contact, a documentary on White. Just as in Ryan's case, education results in Kevin and Scott being welcomed back to school. Only one AIDS story is being told. Other stories, other people with AIDS, are not important enough even to be mentioned in these programs.

The horror of AIDS for the central characters is even minimized on some level. The shows really do not deal with how the person who has HIV handles being infected; they deal, instead, with how others handle his being infected. By focusing on the school controversy, by showing a mother or neighbors withdrawing, the programs neglect to address the effect of having a potentially fatal disease on the person who has it. Only Scott Fischer has any adjustment problems once he is diagnosed. "They make me feel dirty," he tells his mother. He gets angry with his doctor, who has told his girlfriend that they will never be able to have intercourse safely. Ryan and Kevin don't have any stated problems adjusting to life as a PWA.

This strategy makes sense in some ways. After all, it is more likely that the viewers of these programs will know someone with AIDS than it is likely they will have AIDS. But this strategy plays into an overall rhetorical effect that distances the disease.

AIDS becomes an unthreatening disease. The explicit rhetoric of these programs is that everyone is at risk. The rhetorical strategies employed throughout the programs belie this view. The disease itself is never treated as threatening. Characters have little trouble adjusting, no one gets sick, and no one dies. The risk of transmission is also never portrayed in a threatening way. Very few people contract the disease, and only in very limited circumstances.

By distancing the disease, it becomes a problem of "the other," not something that is personally relevant for the viewer. The motivation to protect oneself against transmission is diminished by not showing the ugliness of AIDS. The perceived threat of personal risk is also diminished by having transmission occur in very isolated instances. In fact, the one instance portrayed, blood transfusions before 1985, is even eliminated as a real threat. Each program notes that transmission of HIV to the central characters occurred before blood was routinely tested.

The programs do little to motivate changes in sexual behavior. Additionally, the programs do little to facilitate behavioral change. The rhetoric of AIDS--the established ways of

talking about the disease--flows freely in these programs. The terms, however, are rarely fleshed out so that they have specific meaning for the viewer. The viewer is not given the tools necessary to effect change.

The programs do tend to handle the social aspects of AIDS more successfully. The pattern established in the programs keeps gays from being named as culpable for the AIDS epidemic. Additionally, the programs clearly establish the need for compassionate treatment of those with AIDS. However, the narrow portrayal of PWAs in these programs makes it impossible to assert whether such prosocial behavior would be generalized beyond the contexts of the programs.

Noble concluded that "television works best when it personalises an issue" (102). These programs attempt to personalize the AIDS epidemic by putting it in the context of a very limited environment. The Ryan White story is not the only AIDS story, and yet, by using it as the primary focus in all four programs at the expense of other stories, other characters with AIDS and settings other than high school, the programs promote the idea that AIDS is not an issue outside of this environment.

In September 1991, PBS and ABC engaged in a cooperative programming venture to produce In the Shadow of Love. The program aired on PBS in prime time and on ABC the following day as an afterschool special. In the Shadow of Love, although set in a high school environment, takes a much different approach than the programs examined in this study. The program focuses on

a student reporter who decides to do a story on teenagers with AIDS. The story includes a number of PWAs, both men and women. Different methods of transmission are discussed, and various manifestations of the disease, including one death, are portrayed. Finally, the reporter, who was distanced from the disease because she knew no one with AIDS and because she saw it as a disease of other people, finds out that she has contracted the virus. The program promotes explicitly and through implicit rhetorical strategies the view that everyone is at risk. The program is also more explicit in terms of providing prevention information.

The patterns established in television programs have important implications for how children will understand AIDS, the disease and the epidemic. The programs produced in the 1987-1988 television season that were the basis of this study were successful in promoting prosocial attitudes about PWAs, but they did little to explain or show how the virus is transmitted and even less to provide meaningful information on prevention. Better efforts and new strategies are necessary if television is going to be a potent force in the battle against AIDS. Perhaps <u>In the Shadow of Love</u> is the first step in a new effort to use the medium effectively to promote a change in behavior among teenagers.

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